

# EXHIBIT 2

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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

THE CITY OF HUNTINGTON,

Plaintiff,

vs.

CIVIL ACTION

NO. 3:17-01362

AMERISOURCEBERGEN DRUG  
CORPORATION, et al.,  
Defendants.

## Defendants.

CABELL COUNTY COMMISSION,

Plaintiff,

vs.

CIVIL ACTION

NO. 3:17-01665

AMERISOURCEBERGEN DRUG  
CORPORATION, et al.,

## Defendants.

Videotaped and videoconference deposition of JAN RADER taken by the Defendants under the Federal Rules of Civil Procedure in the above-entitled action, pursuant to notice, before Teresa S. Evans, a Registered Merit Reporter, at the Mountain Health Arena, One Civic Center Plaza, Huntington, West Virginia, on the 17th day of June, 2020.

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1       pills everywhere, and then there was a crackdown,  
2       and you -- you know, I think then general people  
3       thought, "Oh, the -- the addiction problem will go  
4       away." And that wasn't the case, because we didn't  
5       understand addiction and people turned to what was  
6       readily available, and that was heroin and other  
7       illicit drugs.

8                  You know, they -- they switched to not  
9       be sick, you know, because they get very, very sick  
10      when they don't get a drug that they're addicted  
11      to.

12       Q. Do you know what percentage of people using  
13      illegal opioids --

14       A. Uh-huh.

15       Q. -- and by that, I mean heroin and the  
16      synthetic fentanyl and drugs like that, started  
17      with a prescription from a physician written to  
18      them for a prescription opioid?

19       A. In my ex --

20                  MS. KEARSE: Object to form. Just  
21      because -- just the form of the question.

22                  Go ahead. Go ahead and answer.

23       A. In my experience, it has -- you know, I  
24      talk to a lot of people on a regular basis that are

1 suffering from substance use disorder or addiction,  
2 and it's about 80 percent.

3 Q. In your experience?

4 A. Uh-huh.

5 Q. And about -- approximately how many people  
6 have you talked to and asked that question, how  
7 they started?

8 A. Hundreds and hundreds.

9 Q. And you mentioned that opioids were being  
10 prescribed for sprained ankles rather than end of  
11 life care.

12 A. Uh-huh.

13 Q. Was it your impression that the prescribing  
14 habits of physicians changed that led to more pre  
15 -- more opioids being prescribed?

16 A. Yes, I -- you know, it was -- you know,  
17 oxycodone, hydrocodone, OxyContin, it was all  
18 pushed as less addictive or nonaddictive, and  
19 that's simply not true.

20 Q. And do you know why their prescription --  
21 prescribing habits changed?

22 A. I'm sure the standard of care changed.

23 Q. And do you know what led to the change in  
24 the standard of care?

1           A. I have no idea. But it's a -- you know  
2 it's my experience and my opinion that it's greed.

3           Q. And when you said that they were pushed as  
4 less addictive --

5           A. Uh-huh.

6           Q. -- pushed by whom?

7           A. Big pharma.

8           Q. And when you say "big pharma," who do you  
9 mean?

10          A. Companies that make and distribute the  
11 drugs.

12          Q. And what's the basis for your belief that  
13 it was big pharma that led to this change in  
14 prescribing habits?

15          A. Well, you talk to physicians and they'll  
16 tell you -- you know, you've got a lot of good  
17 doctors caught in the middle. I remember seeing  
18 commercials for OxyContin when it came out, that  
19 it's less addictive and nonaddictive.

20                 You know, it's been written about.  
21 You know, what was it? The five-sentence paragraph  
22 written by Doctor Jick that was published in a  
23 journal in 1980, it talked about less than 1  
24 percent of those that take prescription drugs

1 or whatever. So a lot of times, it's the dealers  
2 that basically control what the drug of choice is  
3 at the time.

4 Q. To your knowledge, do opioids have  
5 medically-appropriate uses?

6 A. They do.

7 Q. And what are those?

8 A. End of life care. Chronic pain.

9 Q. And physicians can legitimately prescribe  
10 opioids?

11 A. Yes, absolutely.

12 Q. And pharmacists can legitimately dispense  
13 opioids?

14 A. They can.

15 Q. Have you ever personally used an opioid?

16 A. I have.

17 Q. Which ones?

18 A. I was prescribed hydrocodone and oxycodone  
19 both with knee surgeries.

20 Q. And did you have any issues with taking  
21 those?

22 A. I hated them. I hated the side effects:  
23 The nausea, couldn't keep my eyes open. I took --  
24 after knee surgeries, they'd make you take one

1 before you left the hospital. But I had -- I  
2 wanted nothing to do with it.

3 As soon as I'd get home, I'd switch to  
4 Tylenol and Aleve or something else. So --

5 Q. Have you ever had any issues with drug or  
6 alcohol abuse?

7 A. Me personally?

8 Q. Yes.

9 A. No.

10 Q. Have you had any family members or friends  
11 that have had issues with opioid abuse?

12 A. Yes.

13 Q. Can you tell me generally about that?

14 MS. KEARSE: That's -- I was going to  
15 raise -- I mean, I think these are sensitive issues  
16 there.

17 MS. BROWNING: Yeah.

18 MS. KEARSE: So I'm going to leave it  
19 to the Chief on how --

20 MS. BROWNING: Yeah, that's why I said  
21 "generally."

22 MS. KEARSE: -- on that too.

23 A. I have a lot of friends. There's not one  
24 person in this area that I know that has not been

1       touched or had collateral damage to them,  
2       themselves from the opi -- opioid epidemic. It is  
3       horrendous.

4           Q. During your career with the fire  
5       department, have you ever known a time when abuse  
6       of drugs was not a significant problem in this  
7       area?

8           A. It wasn't when I first started. I rarely  
9       went on an overdose. Rarely. Usually the only  
10      calls we went on when I first came on the job were  
11      -- that were drug-related were alcohol-related to  
12      our local drunks that everybody knew.

13          Q. And then you told me that you started to  
14       see issues with --

15          A. -- pills.

16          Q. -- pills --

17          A. Uh-huh.

18          Q. -- about when?

19          A. It was probably early to mid 2000s.

20          Q. And then we've discussed a number of times  
21       that around 2012, you started to see a shift to  
22       the -- away from pills and toward the illicit  
23       fentanyl, carfentanil --

24          A. Uh-huh.